

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
**NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**  
PO Box 295  
Trenton, New Jersey 08625-0295

## RESOLUTION

A RESOLUTION by the County Board of Chosen Freeholders on the authorization for County Fire Marshals and Assistant County Fire Marshals to perform fire suppression duties in accordance with N.J.S.A. 40A:14-2b(8) and Chapter 366, P.L. 2005.

BE IT RESOLVED:

1. That the Board of Chosen Freeholders of \_\_\_\_\_ County  

Name of County

hereby authorizes and permits County Fire Marshals and Assistant County Fire Marshals to perform fire suppression duties that include providing municipal fire departments with assistance as necessary to coordinate, control, or extinguish any fire situation or other emergency situation as defined under and in accordance with N.J.S.A. 40A:14-2b(8).
2. That by authorizing County Fire Marshals and Assistant County Fire Marshals to perform fire suppression duties in accordance with N.J.S.A. 40A:14-2b(8), the County Board of Chosen Freeholders understands that said County Fire Marshals and Assistant County Fire Marshals may be eligible under the provisions of Chapter 366, P.L. 2005, for enrollment into the Police and Firemen's Retirement System (PFRS).
3. The County Board of Chosen Freeholders, in accordance with the provisions of Chapter 366, P.L. 2005, does hereby also acknowledge and accept any direct or indirect costs, including pension liabilities, associated in the enrollment of the aforementioned County Fire Marshals and Assistant County Fire Marshals into the Police and Firemen's Retirement System (PFRS).
4. That the effective date of this resolution, will be \_\_\_\_\_ or  

Insert Date

as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

***I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the***

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street Address

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Official Title